



CHARLOTTE COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT

APPLICATION FOR
NOTICE OF PROPOSED CHANGE

Application Requirements

- **Completeness Review:** Supply one unbound copy of the application (see checklist below). The application will be reviewed for completeness within five days of submittal. If deemed incomplete, the applicant will be informed of what information is needed by email and phone. The application will not be reviewed further until the information is supplied. **Do not submit the additional copies, described below, to the Department until you are informed by staff that the application is complete.**
- **Additional copies subsequent to Completeness Review:** the applicant is required to supply 6 hardcopy sets of all documents, 1 digital set in PDF format of all documents, 1 copy of the proposed resolution in Word format, 1 set of the boundary survey and proposed map H in AutoCAD format. If no changes were required to obtain completeness then the original submittal will count as 1 of the 6 hardcopy sets.

Checklist

- ☐ State NOPC application and all maps and other documentation associated with that application form
- ☐ Survey and accurate legal description (including acreage), **signed and sealed** by a registered land surveyor, tied to the state plane coordinate system.
- ☐ Most current *Title Insurance Policy* or an *Ownership and Encumbrance Report* for subject property
- ☐ Affidavit, signed and notarized, stating the truth, accuracy and completeness of the application and all attachments
- ☐ Property owner authorization to applicant to submit petition, Form A, as applicable
- ☐ Applicant authorization to agent to submit petition, Form B, as applicable
- ☐ A copy of any covenants, easements or restrictions that have been recorded for the subject site
- ☐ If any portion of the property is in the Coastal High Hazard Area, a map outlining this area according to Storm Surge zones and an indication of the base residential density within each zone, as applicable.
- ☐ Filing fee (**\$3,350.00**), with check made payable to the Charlotte County Board of County Commissioners or CCBCC

Scheduling for Public Hearing

The County recognizes that the NOPC hearing date in front of the Planning and Zoning Board and the Board of County Commissioners is contingent on activities outside the control of the County. This includes the hearing schedule of the Southwest Florida Regional Planning Council Board. However, it is the applicant's responsibility for promptly providing any information that needs to be updated, modified, or newly submitted as part of the application; this includes providing a copy of the decision and recommendations from the Southwest Florida Regional Planning Council (SWFRPC) and any changes made due to that decision. **No additional changes may be made to any information in an application subsequent to one week before the hearing packet is due to be compiled for the Planning and Zoning Board members or the NOVUS item deadline for the Board of County Commissioners.** The planner in charge of the NOPC application will be able to inform the applicant of the drop-dead date.

- If Department staff is unable to review the information provided and receive input from other departments, as needed, because sufficient time for review was not provided by the applicant, staff may be forced to recommend denial of the project. The applicant is encouraged to contact staff when submitting new information or subsequent to submitting new information so that an estimate of the staff time needed to review the information can be discussed.



**CHARLOTTE COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT**

**APPLICATION for
NOTICE OF PROPOSED CHANGES (NOPC)**

Date Received:	Time Received:
Date of Log-in:	Petition #: Accela #:
Receipt #:	Amount Paid:

A. Indicate the name of the existing DRI:

- ❖ *Provide a complete copy of the existing DO, which includes any prior changes, in Word format with use of strikethrough and underline to show the proposed changes.*

B. Parties involved in the Application

Name of Applicant: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:	Fax Number:	

Email Address: _____

Name of Agent: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:	Fax Number:	

Email Address: _____

Name of Engineer/Surveyor: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:	Fax Number:	

Email Address: _____

Name of Property Owner (if more than one property owner, attach a separate sheet with a list of all owners):

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

C. ASSOCIATED APPLICATION(S):

Please indicate if you intend to separately submit any of the following associated applications:

_____ Future Land Use Map (FLUM) Amendment

_____ Rezoning

Provide a summary of the proposed changes:

D. PROPERTY INFORMATION:

Attach a separate list that includes the following information for each parcel or lot included within the DRI associated with this NOPC application, grouped by account number

Property Account Number:

Section:

Township:

Range:

Parcel/Lot #:

Block #:

Subdivision:

Total acreage or square feet of the property:

AFFIDAVIT

I, the undersigned, being first duly sworn, depose and say that I am the owner or agent of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that if I am not the owner of the property I have attached a notarized authorization from the owner(s) to submit this application. For any changes of ownership or changes in contracts for purchase subsequent to the date of the application, but prior to the date of final public hearing, a supplemental disclosure of interest shall be filed. I acknowledge that all items listed in the application must be submitted concurrent at the time the County accepts the application. I swear that the attached list of adjacent property owners is complete, including all property owners within 200 feet of the subject properties (excluding right-of-ways), that it is correct, providing addresses as listed in the County Tax Roll.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or has/have produced _____ as identification and who did/did not take an oath.

_____ Notary Public Signature	_____ Signature of Applicant or Agent
_____ Notary Printed Signature	_____ Printed Signature of Applicant or Agent
_____ Title	_____ Address
_____ Commission Code	_____ City, State, Zip
	_____ Telephone Number

FORM A. PROPERTY OWNER AUTHORIZATION TO APPLICANT

I, the undersigned, being first duly sworn, depose and say that I am the owner of the property described and which is the subject matter of the proposed hearing.
I give authorization for _____ to be the applicant for this DEVELOPMENT ORDER.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____ who is personally known to me or has/have produced
_____ as identification and who did/did not take an oath.

_____ Notary Public Signature	_____ Signature of Owner
_____ Notary Printed Signature	_____ Printed Signature of Owner
_____ Title	_____ Address
_____ Commission Code	_____ City, State, Zip
	_____ Telephone Number

FORM B. APPLICANT AUTHORIZATION TO AGENT

I, the undersigned, being first duly sworn, depose and say that I am the applicant for the property described and which is the subject matter of the proposed hearing.
I give authorization for _____ to be my agent for this application.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____ who is personally known to me or has/have produced
_____ as identification and who did/did not take an oath.

_____ Notary Public Signature	_____ Signature of Applicant
_____ Notary Printed Signature	_____ Printed Signature of Applicant
_____ Title	_____ Address
_____ Commission Code	_____ City, State, Zip
	_____ Telephone Number